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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/19/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Mental Health Testing (2 hours)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified Psychiatry

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for <u>each</u> health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Cover sheet and working documents
Letter dated 06/29/12
Mental health evaluation goals/plan/justification
Office visit note dated 05/07/12
Treatment progress report dated 01/25/12
Utilization review determination dated 05/31/12
Utilization review determination dated 06/27/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. On this date the patient was working on computers when she strained her hands from too much typing. Treatment progress report dated 01/25/12 indicates that the patient has completed 6 sessions of individual psychotherapy for diagnosis of adjustment disorder with mixed anxiety and depressed mood. The patient's pain scale increased from 9/10 to 9.5/10. BDI increased from 15 to 21 and BAI increased from 26 to 42. Office visit note dated 05/07/12 indicates that the patient has had treatment with activity modification, medication management, bilateral carpal tunnel release and left trigger thumb release surgeries, bracing and therapy. Current medications are Vicodin, Gabapentin and Amitriptyline.

Initial request for mental health testing was non-certified on 05/31/12 noting that the purpose

of the requested assessment is described only generically, which may not apply in this case. The patient has had previous psychological evaluations and failed individual psychotherapy. There is no current medical documentation of new psychological complaints or requests for psychological evaluation. Some of the requested psychological tests (BHI-2, SCL-90-R) do not have established peer-reviewed, post-marked reliability, empirical validity and normative data to render appropriate sensitivity and specificity for assessment and diagnosis of patients with chronic benign pain. The denial was upheld on appeal dated 06/27/12 noting that the patient's diagnoses appear clear without psychological testing and the results of testing would have no significant effect on the design and implementation of the patient's treatment plan.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Based on the clinical information provided, the request for mental health testing (2 hours) is not recommended as medically necessary, and the two previous denials are upheld. The patient has undergone previous psychological evaluation; however, this report is not submitted for review. The patient has undergone a course of individual psychotherapy without significant benefit. The patient's Beck scales and pain score increased. The patient is not currently taking any psychotropic medications. It does not appear that the results of mental health testing would significantly impact the patient's treatment plan. The patient's diagnosis appears to be clear without additional mental health testing.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[ ] ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

[ ] AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

[ ] DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

[ ] EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

[ ] INTERQUAL CRITERIA

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

[ ] PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

[ ] TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

[ ] TEXAS TACADA GUIDELINES

[ ] TMF SCREENING CRITERIA MANUAL

[ ] PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)